

PTO Form 202 (US-03)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/522332
	Filing Date	3/9/2000
	First Named Inventor	Lavian
	Art Unit	2143
	Examiner Name	Bourah
	Attorney Docket Number	120-467

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

34845

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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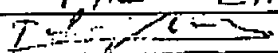
OR

<input type="checkbox"/> Firm or Individual Name	Steubing McGuinness & Manaras LLP				
Address	125 Nagog Park				
Address					
City	Acton	State	MA	Zip	01720
Country	USA				
Telephone	978-264-6664	Fax	978-264-9119		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	TAL LAVIAN				
Signature					
Date	11/29/04	Telephone	408-495-3062		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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